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COUNTRY NOTE**

Guinea-Bissau

SUMMARY

The Executive Director presents the country note for Guinea-Bissau for a programme of cooperation for the period 1998 to 2002.

THE SITUATION OF CHILDREN AND WOMEN

1. Guinea Bissau is a least developed country with a per capita gross national product of $240. Its small population is extremely poor and has a limited education and human resources base. The country adopted multi-party democracy in 1994 and is struggling with the transition from a centrally planned to a more liberal economy. As part of the political and economic reforms, the Government is moving increasingly towards decentralization. Growth of the economy and development of social services are hampered by poor management and high debt servicing. Guinea-Bissau joined the African Financial Community zone in January 1997, a move which is expected to facilitate its economic integration into the region. None the less, the country's serious economic difficulties limit efforts to improve the situation of children and women.

2. The rate of population growth, at 2.2 per cent, while not high by regional standards, by far exceeds the ability of the economy to keep pace. Urban areas have an annual population growth rate of 5.5 per cent, fueled by migration from rural areas. Deepening socio-economic differentiation has led to disintegrating family structures and an increasing number children and youth seeking a living in the streets.

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* E/ICEF/1997/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1997.

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3. Mortality rates in Guinea-Bissau remain a cause for concern. In 1995, the life expectancy at birth was 45 years. One fourth of all children die before their fifth birthday and 1 in 100 births results in a woman's death. The main causes of child morbidity and mortality continue to be malaria, diarrhoeal diseases and acute respiratory infections, aggravated by inadequate access to and management of health systems and water supply and sanitation facilities. Only 53 per cent of pregnant women are immunized against tetanus, and only an estimated 27 per cent of deliveries are assisted by trained health staff. Risk factors for maternal mortality include low status of women, widespread use of harmful traditional practices, heavy workload, early pregnancy and inadequate child spacing, compounded by poor nutritional status, malaria and lack of safe delivery services. The prevalence of HIV among the adult population is about 3 per cent.

4. Illiteracy rates stood at 57 per cent for women and 32 per men for men in 1995. There has been some progress in increasing net primary school enrolment rates, which rose from 39 per cent in 1990 to 44 per cent in 1995. However, there are wide discrepancies between regions and between girls and boys (59 per cent for boys versus 32 per cent for girls). Among the factors contributing to this gender gap are the overall role of women in society, which often views girls' education as being unimportant or as detracting from their responsibility to contribute to family welfare, in addition to poor teaching quality and the perceived relevance of the curriculum to a girl's family life.

LESSONS LEARNED FROM PAST COOPERATION

5. The previous country programme aimed at achieving the mid-decade goals on a national basis. In general, the strategies used proved to be appropriate, although the objectives of full national coverage were too ambitious, especially because of the country's limited human resources base. The Government in effect recognized this fact when it decided to extend the period of the national programme of action (NPA) to 2002. A major success of the programme was the implementation of the Bamako Initiative strategy in one of the country's nine administrative regions, with all of its 14 health centres revitalized under the programme, covering 14 per cent of the overall population. This more effective, limited approach will be used for the proposed country programme.

6. Another important lesson arose from the immunization programme, which was operated as a separate, vertical programme. While there were encouraging results for overall immunization rates, poor understanding among mothers about the need for immunization threaten achieved coverage of measles and tetanus. Under the new country programme, immunization will be part of an integrated health system that provides basic services on a routine basis. Information and social mobilization campaigns will be used to stimulate utilization. The convergence of other programme interventions, especially water and sanitation, with health will also be stressed to maximize impact.

7. Other successful initiatives included increased support for non-formal education, especially for girls, in selected areas of Bissau, the capital. By using community schools and madrassas (Arabic schools), girls' enrolment increased by 41 per cent over a three-year period. Parents were more likely to send their daughters to these schools because of their proximity and curriculum. In both the formal and non-formal education sectors, UNICEF worked with partners to improve the quality of education. Similarly, community management of water and sanitation facilities proved effective. For example, in two districts of the region of Cacheu, where coverage rose to 80 per cent, community management helped to prevent the spread of cholera during an epidemic in 1995.

PROPOSED COUNTRY PROGRAMME STRATEGY

8. The proposed country programme, the main focus of which is the Convention of the Rights of the Child, has been developed within the context of the Government's Perspective Plan (2000-2025) and the NPA. Its preparation entailed a series of consultations with government ministries and other partners, including bilateral donors, national and international non-governmental organizations and United Nations agencies. The programme was formulated taking into consideration the comparative advantage of UNICEF and the contribution of other bilateral and multilateral partners. The objective of the UNICEF programme will be to contribute to the reduction of child and maternal mortality and to increasing school completion rates while reducing disparities between boys and girls.

9. In implementing the country programme, the following core strategies will be applied: (a) broad-based advocacy to mobilize decision makers and the public at large in support of programmes benefiting children and women; (b) capacity-building to strengthen planning, monitoring and evaluation of social programmes at both central and regional levels; (c) empowerment of the community, especially of women and young people, by promoting "ownership" and fostering participation, inter alia, through life skills education; (d) delivery of affordable basic services to the most vulnerable groups; and (e) strengthening the impact and sustainability of services by ensuring that they are provided in parallel, e.g., using primary schools for growth monitoring, immunization and primary environmental care, thus involving and mobilizing families and communities in these activities.

10. The country programme will have four programmes, one of which will focus on national-level policy development and related activities, with the other three focusing all or in part on selected regions of the country. Working in partnership, the Ministry of Health, the Government of the Netherlands (a major donor in Guinea-Bissau) and UNICEF selected five regions for expansion of the Bamako Initiative. Those regions are also characterized by low education completion rates, especially for girls. To promote the convergence of different programme activities, the UNICEF programmes will operate in the same selected regions. Initially, general resources will be used in three regions and a few bairros (neighbourhoods) of Bissau to consolidate and scale-up already initiated activities, e.g., girls education and the Bamako Initiative. In addition, these funds will help to develop a sound database so as to have more accurate information for programme planning and funding proposals. Supplementary funding will be used to cover the other two regions and additional selected areas of Bissau, thus covering more than 60 per cent of the population.

11. The policy development and coordination programme comprises two projects. The first will focus on promotion of the rights of children, youth and women, and will aim to help the Government to revise and develop legislation in accordance with the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women. UNICEF will also help the Government to prepare its initial report to the Committee on the Rights of the Child and to develop mechanisms for monitoring implementation of the Convention. The second project will aim to strengthen social sector coordination by establishing a national social sector data bank for improving monitoring and evaluation.

12. The advocacy and communication programme has two projects. The first will aim to create, in collaboration with other partners, a national awareness of the situation of children, youth and women and stress the need to restructure government budgets in accordance with the principles of the 20/20 initiative.

In addition, UNICEF will work with the private sector and business community on Guinea-Bissau to explore possibilities for collaboration. The second project will focus on the selected intervention areas and will promote utilization of social services and empowerment of communities for social action through behavioural changes.

13. The survival of children and women programme has two projects. The primary health care project will focus solely on the selected intervention areas and aim to revitalize health centres through the establishment of management committees and the development of cost-sharing mechanisms. Services to be strengthened will include integrated case management of childhood illnesses, including malaria, the treatment of sexually transmitted diseases, antenatal care, safe delivery care, family planning, immunization and nutrition education, as well as peer education programmes for the reduction of HIV/AIDS and related problems. At the regional hospital level, emergency obstetric referral care will also be strengthened. In addition to those project activities, regions not covered by the revitalization efforts will continue to receive a steady supply of vaccines and oral rehydration salts. Under the project for improved management of the water and sanitation environment, UNICEF will provide water points and latrines to health centres and schools in the selected intervention areas. In addition, in two thirds of the villages throughout the entire country, information, education and communication activities will enhance the impact of the availability of water and sanitation facilities.

14. The basic education and empowerment of women programme has two projects. The universal basic education project will build on the success of non-formal education initiatives, such as community schools and madrassas, and on activities in formal education. Training will be provided to teachers and school directors in school management and curriculum design, with the overall aim of improving both enrolment and completion rates and the quality of education. The girls' and women's education project, operated with support from the Government of Norway, will aim to increase girls' school completion rates. At the same time, life skills for women, including literacy, management and accounting skills, will be taught through non-formal education programmes. One of the aims is to empower women to play a more active role in the lives of their families and communities, for example, by providing them with the skills to participate in health management committees.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1998-2002 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Policy development and programme coordination	900	910	1 810
Advocacy and communication	675	700	1 375
Survival of children and women	1 800	3 990	5 790
Basic education and empowerment of women	1 125	1 400	2 525
Total	4 500	7 000	11 500

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.